

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *136

Place of Birth Miami County Gila No. Miami Insp Hospital St.
(Registration District)

SEX OF CHILD* Female	Twin Triplet or other?	{ and }	Number in order of birth
DATE OF BIRTH* <u>Sept. 30, 1928</u> (Month) (Day) (Year)			
FULL NAME* <u>William David Johnson</u>		FATHER	
FULL MAIDEN NAME* <u>Nola Drucilla Layton</u>		MOTHER	

I HEREBY CERTIFY that the child described
herein has been named

PHYLLIS LORAIN JOHNSON

(Give name in full)

(Surname)

Mrs W. D. Johnson
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-42-Bower Co.

715-930-535